



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF DIETETICS/NUTRITION**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
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## APPLICATION FOR LICENSURE AS A DIETITIAN/NUTRITIONIST INSTRUCTION SHEET

### Selecting Type of Application

The documentation you must submit with your application depends on whether you are already a registered dietitian with the Commission on Dietetic Registration (CDR). Use this table to select the type of application.

IF you...	THEN select...
are <i>currently</i> a CDR-registered dietitian	<b>CDR Registration</b>
have <i>not</i> passed any dietetics/nutrition certification/registration examination OR you have passed a dietetics/nutrition certification/registration examination <i>other than the CDR exam</i> .	<b>Examination</b>
hold a <i>current</i> dietitian or nutritionist registration, license or certification issued by another jurisdiction but you are <i>not</i> CDR-registered	<b>Reciprocity</b>

### Requirements for *All* Applicants

- ☐ Submit completed, signed and notarized [Application for Licensure as a Dietitian/Nutritionist](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ If you hold, or have *ever* held, a license, certification or registration as a dietitian or nutritionist in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of *each* license, certification, or registration that you have ever held, sent directly from each jurisdiction to the Board office.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).  
*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.*

For additional requirements, see the section below for the type of application you selected.

### **Additional Requirements for Applications Based on CDR Registration**

In addition to the items in **Requirements for All Applications**, the following are required if the basis of your application is CDR Registration.

- ☐ Submit a copy of your current CDR registration card.
- ☐ Arrange for the Board office to receive an original or electronic *Credential Verification* sent directly from CDR to the Board office. To request the *Credential Verification*, visit the CDR website at [www.cdrnet.org](http://www.cdrnet.org).

### **Additional Requirements for Licensure Based on Examination**

In addition to the items in **Requirements for All Applications**, the following are required if you are applying by Examination.

- ☐ Arrange for the Board office to receive official transcript(s), sent directly from the college/university to the Board office.
  - The transcript must show that you have a minimum of a baccalaureate degree from an accredited college or university in the U.S. and that your major course of study was in human nutrition, nutrition education, food and nutrition, dietetics or food systems management.
  - For more information, see [24 Del. C. §3806\(a\)\(1\) and \(2\)](#).
- ☐ If you received your nutrition education outside the U.S. or U.S. territories, submit proof (e.g., credential evaluation) showing that it is equivalent to the required U.S. education.
  - For more information, see [24 Del. C. §3806\(a\)\(1\)](#).
- ☐ Arrange for your supervisor(s) to complete and submit a *Supervised Practice Experience Assessment* form(s) directly to the Board office.
  - The forms must show that you have completed 900 hours of appropriate supervised experience.
  - Your supervisor must meet specific qualifications.
  - For more information, see [24 Del. C. §3806\(a\)\(3\)](#).
- ☐ If you have already passed a dietetics/nutrition certification/registration examination(s), arrange for the Board office to receive verification that you passed each exam. For example, if you have passed the Certification Board for Nutrition Specialists (CBNS) exam, submit a copy of your CBNS card and arrange for the Board to receive verification of certification sent directly from CBNS to the Board office.

### **Additional Requirement for Licensure Based on Reciprocity**

In addition to the items in **Requirements for All Applications**, the following are required if you are applying by Reciprocity. To qualify by reciprocity, you must meet **both** of these criteria:

- You must hold a *current* dietetics/nutrition license, certification or registration in another jurisdiction.
- At least one jurisdiction where you are currently licensed, registered or certified as a dietitian/nutritionist must have licensure standards at least equal to Delaware's licensure standards.

*Note:* If you are CDR-registered, you should apply by CDR Registration instead of Reciprocity because no comparison of laws is required.

- ☐ Submit copies of the licensing and/or practice law and regulations pertaining to dietetics/nutrition for *each* jurisdiction where you are currently licensed.
  - The Board will compare the laws and regulations of Delaware to those of the other jurisdictions.



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**APPLICATION FOR LICENSURE AS A DIETITIAN/NUTRITIONIST**

**TYPE OF APPLICATION**

1. Select the item that describes your situation:

- ☐ CDR Registration – I am **currently** a registered dietitian with the Commission on Dietetic Registration (CDR).
- ☐ Examination –
- ☐ I have not passed any dietetics/nutrition certification/registration examination.
- ☐ I have passed a dietetics/nutrition certification/registration examination *other than* the CDR exam.
- ☐ Reciprocity – I hold a **current** dietitian or nutritionist registration, license or certification issued by another jurisdiction but I am **not** currently a CDR-registered dietitian.

**IDENTIFYING AND CONTACT INFORMATION** – All applicants complete this section.

2. Full Name: \_\_\_\_\_  
Last First Middle
3. Other Names Used: ☐ None \_\_\_\_\_  
Include maiden, former married, alternate spellings.
4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: ☐ Male ☐ Female
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: \_\_\_\_\_  
City State Zip
7. Phone: \_\_\_\_\_ Home Work Email: \_\_\_\_\_ ☐ None

**EDUCATION INFORMATION** – Examination applicants complete this section.

8. Enter the following information about your *dietetics/nutrition* education.

COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED		MAJOR	DEGREE RECEIVED
		From	To		

Arrange for the Board office to receive official transcript(s), sent directly from the college/university to the Board office. If you received your dietetics/nutrition education outside the U.S., submit a credential evaluation.

**REGISTRATION, CERTIFICATION AND LICENSURE INFORMATION** – All applicants complete this section.

9. Are you a registered dietitian with CDR? Yes ☐ No ☐ If yes, enter CDR Number: \_\_\_\_\_

**Submit copy of current CDR registration card and arrange for the Board office to receive a *Credential Verification* sent directly from CDR to the Board office.**

10. Have you passed a dietetics/nutrition certification/registration examination? Yes ☐ No ☐ If yes, list the exams you have passed: \_\_\_\_\_

**Arrange for the Board office to receive verification that you passed each exam.**

11. Do you now hold, or have you ever held, a dietetics/nutrition license, certification or registration issued by any other jurisdiction? Yes ☐ No ☐ If yes, complete the following about each license, certification or registration:

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Arrange for the Board office to receive verification of *each* license, certification, or registration listed above, sent directly from each jurisdiction to the Board office. If you are applying by reciprocity, submit copies of the licensing and/or practice law and regulations pertaining to dietetics/nutrition for *each* jurisdiction where you are currently licensed.**

**EXPERIENCE INFORMATION** – *Examination* applicants complete this section.

12. Enter the following information about your *dietetics/nutrition* experience. Start with your most recent experience and work backward.

FACILITY NAME	ADDRESS & PHONE	DESCRIBE PRACTICE	DATES WORKED	
			From	To

**If you are applying by Examination, arrange for the Board office to receive *Supervised Practice Experience Assessment* form(s) establishing that you have the required experience, sent directly from the supervisor(s) to the Board office.**

**DISCLOSURES – All applicants complete this section.**

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
14. Are criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
15. Have you ever had a license to practice dietetics/nutrition suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
16. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
17. Do you have any impairment related to drugs or alcohol that would limit your practice? Yes ☐ No ☐ **If yes, submit a letter fully explaining. Enclose copies of all relevant records.**

**To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.**

**AFFIDAVIT**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**



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## **SUPERVISED PRACTICE EXPERIENCE ASSESSMENT FORM**

### **INSTRUCTIONS**

The applicant below is applying for Delaware licensure as a dietitian/nutritionist. An assessment of his or her experience is needed from each of the applicant's supervisors to determine if the applicant meets the licensure requirements. Note that an Accreditation Council for Education in Nutrition and Dietetics (ACEND) (formerly the Commission on Accreditation for Dietetics Education (CADE)) program is not required for Delaware licensure.

### **Supervisor Requirements**

A supervisor must meet the following requirements:

- You must have had administrative responsibility for the area of the professional practice experience **or** been approved by the area's administrator.
- You must have had access to relevant patient/client records in the site of the professional practice experience.

For complete information on the supervision requirements, see [24 Del. C. §3806 \(a\)](#) and Section 1.3.2 of the Board's [Rules and Regulations](#).

### **Documentation Requirement**

- ☐ Complete and sign this form following the instructions on the form.
- ☐ Provide a copy of your CDR or other license or certificate.
- ☐ If you were **not** the administrator of the area, provide a letter from the area's administrator showing that you were approved to act as the official supervisor for the applicant's experience in the area.

**APPLICANT:** \_\_\_\_\_  
Last First Middle Initial

### **INFORMATION ABOUT SUPERVISOR – To be completed by supervisor**

1. Supervisor Name: \_\_\_\_\_  
Last First Middle Initial

2. Enter the following about your credentials. Check all that apply:

- ☐ Registered Dietitian – Enter Commission on Dietetic Registration (CDR) #: \_\_\_\_\_
- ☐ State Licensed Dietitian – Enter License #: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ State Certified Dietitian/Nutritionist – Enter Certificate #: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ Certified Nutritional Specialist in Delaware or other state at the time of supervision –  
Enter Certificate #: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ Licensed Physician – Enter License #: \_\_\_\_\_ State: \_\_\_\_\_
- ☐ Licensed Health Care Professional or person with a doctoral degree from an accredited college or university with expertise in human nutrition – Enter License #: \_\_\_\_\_ State: \_\_\_\_\_

**Provide a copy of your CDR or other license or certificate.**

3. Place of Employment When Supervising Applicant: \_\_\_\_\_
4. Period of Supervision: Start (month/year): \_\_\_\_\_ End (month/year): \_\_\_\_\_
5. Your Position When Supervising Applicant: \_\_\_\_\_
6. Were you the *administrative* supervisor of the area of the professional practice experience? Yes ☐ No ☐ **If no, provide a letter from the area's administrator showing that you were approved to act as the official supervisor for the applicant's experience in the area.**
7. Your Current Position: \_\_\_\_\_
8. Current Employment Address: \_\_\_\_\_
9. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Continued on Next Page***

### INFORMATION ABOUT APPLICANT'S SUPERVISED PRACTICE EXPERIENCE

Use the following table to outline the applicant's work experience. Specify the time allocation for each activity. Indicate the specific skills/activities and areas of nutrition practiced (may include observation but must include direct client/patient involvement), the time allocated for each skill/activity (specific number of hours), the supervisor's rating of each skill, the facility(ies) and accompanying dates. If you need additional documentation space, attach a separate sheet.

<b>PRACTICED SKILLS/ACTIVITIES</b> <u>24 Del. C. § 3802 (2)</u>	<b>TIME ALLOCATION (hours)</b>	<b>SKILLS ASSESSMENT (excellent, very good, good, needs improvement)</b>	<b>FACILITY(IES)</b>	<b>DATES</b>
(a) Nutrition assessment to include the establishment of nutritional care plans, the development of nutritional related priorities, goals and objectives.				
(b) Provision of nutrition counseling or education as components of preventive, and restorative health care				
(c) Evaluation and maintenance of appropriate standards of quality in food and nutrition				
(d) Evaluation and education of nutrient-drug interactions				
(e) Interpreting, recommending interventions to meet nutrient needs relative to individual health status, including but not limited to medically prescribed diets, tube feedings, or specialized intravenous solutions.				
(f) Development, administration, evaluation, consultation regarding nutritional care standards				
(g) Conduct independent research/collaborate in research areas including, but not limited to food/pharmaceutical companies, universities/hospitals by directing or conducting experiments to answer critical nutrition/food science questions/ develop nutrition recommendations for the public.				
<b>TOTAL SUPERVISED EXPERIENCE HOURS</b> <b>(must total a minimum of 900 hours)</b>				

I certify that the above statements regarding the supervisor's requirements/duties and the statements regarding the work done by the applicant while under my supervision are true.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed form *directly* to Board of Dietetics/Nutrition at address above.**